

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 5f

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: February 15, 1995

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

2. Rehabilitative Services for Persons with Physical Disabilities (RSPD)

a. Extended Rehabilitative Hospital Services

Service delivery is the same as inpatient hospital services described in Attachment 3.1-B, Page 2a, Item 1, minus the room and board component.

Extended Rehabilitative Hospital Services are available to eligible Medicaid recipients of all ages when medically necessary as determined by the PRO. Services are limited to 30 days per State Fiscal Year for recipients age 21 and older. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

STATE <u>Arkansas</u>	A
DATE REC'D <u>JAN 12 1995</u>	
DATE APP'D <u>FEB 22 1995</u>	
DATE EFF <u>FEB 15 1995</u>	
HCFA 179 <u>95-01</u>	

SUPERSEDES: NONE - NEW PAGE

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MEDICALLY NEEDY

14. Services for Individuals Age 65 or Older in Institutions for Mental Diseases

a. Inpatient Hospital Services

Not provided.

b. Nursing Facility Services

Not provided.

STATE <u>Arkansas</u>	A
DATE REC'D <u>JAN 12 1995</u>	
DATE APP'D <u>FEB 22 1995</u>	
DATE EFF <u>FEB 15 1995</u>	
HCFA 179 <u>93-01</u>	

*3.1-B, Page 5f.*

SUPERSEDES: TN - 93-01

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Revised: October 1, 1990

15. **Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.**

**Not Provided**

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>DEC 19 1990</u>	
DATE APPV'D	<u>APR 19 1991</u>	
DATE EFF	<u>OCT - 1 1990</u>	
HCFA 179	<u>90-67</u>	

*Supersedes: 86-26*

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Revised: March 1, 1993

MEDICALLY NEEDY

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age

Inpatient Psychiatric Providers which are inpatient psychiatric hospitals must be:

- licensed as a psychiatric hospital by the State agency which licenses psychiatric hospitals and
- certified by the Medicare Certification Team as meeting the conditions of participation as a psychiatric hospital in the Title XVIII (Medicare) Program.

OR

Inpatient Psychiatric Providers which are inpatient psychiatric residential treatment facilities must be:

- accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations and
- licensed by the Arkansas Department of Human Services, Division of Children and Family Services as a psychiatric residential treatment facility. (Applicable only to Inpatient Psychiatric Providers located in Arkansas.)

OR

Inpatient Psychiatric Providers which are inpatient psychiatric programs in a psychiatric facility must be:

- accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations.

OR

Inpatient Psychiatric Providers which are inpatient psychiatric programs in a psychiatric hospital must:

- be in a psychiatric hospital licensed as a psychiatric hospital by the State agency which licenses psychiatric hospitals;
- be in a psychiatric hospital certified by the Medicare Certification Team as meeting the conditions of participation as a psychiatric hospital in the Title XVIII (Medicare) Program and
- have an inpatient psychiatric program which is accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations.

STATE	Arkansas	A
DATE RECD	MAR 05 1993	
DATE APPVD	MAR 22 1993	
DATE EFF	MAR 01 1993	
HCE# 179	93-08	

Dispersed by TN 87-31

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Revised: October 1, 1991

MEDICALLY NEEDY

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age (Continued)

Inpatient psychiatric services reimbursable under the Arkansas Medicaid Program must be provided:

- by an Inpatient Psychiatric Provider selected by the recipient;
- by an Inpatient Psychiatric Provider enrolled in the Arkansas Medicaid Program;
- to an eligible Arkansas Medicaid recipient before the recipient reaches age 21 or, if the recipient was receiving inpatient psychiatric services at the time they reached 21 years of age, services may continue until the recipient no longer requires the services or the recipient becomes 22 years of age, whichever comes first.
- with certification from the independent or facility based team (whichever is appropriate in accordance with 42 CFR 441.153) that the recipient meets the criteria for inpatient psychiatric services;
- with prior authorization from the Medicaid Agency Review Team and
- under the direction of a physician (contracted physicians are acceptable).

STATE <u>Arkansas</u>	A
DATE REC'D <u>9-23-91</u>	
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HCFA 179 <u>91-42</u>	

*Supersede: 88-04*

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Revised:

December 1, 1999

MEDICALLY NEEDY

17. Nurse-Midwife Services

Any person possessing the qualifications for a registered nurse in the State of Arkansas who is also certified as a nurse-midwife by the American College of Nurse-Midwives, upon application and payment of the requisite fees to the Arkansas State Board of Nursing, be qualified for licensure as a certified nurse-midwife. A certified nurse-midwife meeting the requirements of Arkansas Act 409 of 1995 is authorized to practice nurse-midwifery.

Services provided by a certified nurse midwife are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and office medical services furnished by an optometrist. Recipients will be allowed twelve (12) visits per State Fiscal Year for services provided by a certified nurse midwife, physicians' services, rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist or a combination of the five. For services provided by a certified nurse midwife, physicians' services, rural health care services, medical services furnished by a dentist or office medical services furnished by an optometrist beyond the twelve visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) program are not benefit limited.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>10-26-99</u>	
DATE APPV'D	<u>10-29-99</u>	
DATE EFF	<u>12-1-99</u>	
HCFA 179	<u>94-20</u>	

SUPERSEDES: TN - 94-20

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Revised: September 1, 1999

MEDICALLY NEEDY

18. Hospice Care

- The hospice patient must be terminally ill which is defined as having a medical prognosis with a life expectancy of six months or less. The terminal illness must be certified by the patient's attending physician and hospice services prescribed.
- Patients must voluntarily elect to receive hospice services and choose the hospice provider. **Hospice election is by "election periods". Election periods in the Arkansas Medicaid Hospice Program correspond to the election periods established for Medicare. The initial hospice election period is of 90 days duration and is followed by a second 90-day election period. The patient is then eligible for an unlimited number of 60-day election periods.**
- Election of the hospice benefit results in a waiver of the recipient's rights to payment for only those services which are related to the treatment of the terminal illness or related conditions and common to both Title XVIII and Title XIX. The recipient does not waive rights to payment for services related to the terminal illness that are unique to Title XIX.
- **Hospice services must be provided primarily in a patient's residence.**

A patient may elect to receive hospice services in a nursing facility if the hospice and the facility have a written agreement under which the hospice takes full responsibility for the professional management of the patient's hospice care, and the facility agrees to provide room and board to the patient.

- Hospice services must be provided consistent with a written plan of care.
- Dually eligible (Medicare and Medicaid) recipients must **elect hospice care** in the Medicare and Medicaid hospice program simultaneously **to be eligible for Medicaid hospice services.**

STATE <u>Arkansas</u>	A
RECEIVED <u>8-28-99</u>	
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SUPERSEDES: TN - 98-20

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Revised: October 1, 1991

19. Case Management Services

Refer to Supplement 1 to Attachment 3.1-A.

20. Extended Services for Pregnant Women

- a. Pregnancy-related and postpartum services for a 60 day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

Services provided will only be pregnancy-related services, postpartum services and family planning. Sixty (60) days of postpartum care is covered if the individual is Medicaid eligible at delivery.

- b. Services for any other medical conditions that may complicate pregnancy.

(1) Risk Assessment

A medical, nutritional, and psychosocial assessment by the physician or registered nurse to designate patients as high or low risk.

- (a) Medical assessment using the Hollister Maternal/Newborn Record System to include:

- medical history
- menstrual history
- pregnancy history

- (b) Nutritional assessment to include:

- 24 hour diet recall
- screening for anemia
- weight history

- (c) Psychosocial assessment to include criteria for an identification of psychosocial problems which may adversely affect the patient's health status.

STATE	Arkansas	A
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Revised: July 1, 1991

MEDICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(1) Risk Assessment (Continued)

Pregnant women who are assessed as high risk, by definition, have medical conditions or circumstances which complicate the pregnancy. These patients need more medical services and attention in an effort to ensure a healthy birth outcome. Some conditions which complicate the pregnancy, and are therefore considered high risk, are:

Teenage pregnancies  
Diabetes  
Toxemia

MAXIMUM: 2 per pregnancy

(2) Case Management Services

Refer to Item 19 and Supplement 1 to Attachment 3.1-A.

Case Management services are reimbursed using a monthly rate. A minimum of 2 contacts per month must be provided. Case management is triggered by risk assessment and care plan development. A case management contact may be with the patient, other professionals, family and/or other caregivers.

STATE	<i>Arkansas</i>	A
DATE REC'D	<i>7-29-91</i>	
DATE APPV'D	<i>8-22-91</i>	
DATE EFF	<i>7-1-91</i>	
HCFA 17	<i>91-30</i>	

*Supersede - 87-12*

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SERVICES PROVIDED

April 1, 1987

MEDICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

- b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(3) Perinatal Education

Educational classes provided by a health professional  
(Public Health Nurse, Nutritionist, or Health Educator)  
to include:

- pregnancy
- labor and delivery
- reproductive health
- postpartum care
- nutrition in pregnancy

These educational classes are designed to prevent the development of conditions which may complicate the pregnancy or to provide information to the pregnant woman in caring for herself during a pregnancy which may already have complicating factors.

MAXIMUM: 6 classes (units) per pregnancy

STATE <u>AR</u>	A
DATE REC'D <u>JUL 1 1987</u>	
DATE APPV'D <u>JUL 30 1987</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-12</u>	

*Supersedes 86-26*